

Discrimination is a Public Health Issue

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Two years ago, I was at a local grocery store waiting in line to check out. The cashier was clearly agitated about her courtesy clerk not being there to help bag groceries. She said a number of negative things about him to the woman in front of me, and then summed it all up by saying “*well, he’s Asian.*”

I froze. My daughter, who was hidden in one of those carts with a car in the front, is half-Asian.

We are living in an incredibly challenging time that few of us could have ever imagined - COVID-19 has been traumatic for lowans. Whether you believe that sheltering in place or opening the state is the answer, we *all* vacillate between states of stress, anger, joy, and frustration.

For those with children, there is the parental worry dynamic, and the madness and absurdity of home schooling. Others are unable to see their loved ones due to the need for isolation. Added to this trauma is the [escalation](#) of verbal and physical attacks on people of Asian descent.

This virus won’t be going away any time soon.

As a mother and public health professional, I worry about my daughter getting [sick](#), or bringing home an infection if school resumes and that could unknowingly spread to her grandparents or others.

But, most of all, I am actually more scared of the vitriol and misplaced anger that is on the rise. In America, [one in three people](#) have witnessed someone blaming Asians for COVID-19. The Asian Pacific Policy and Planning Council has reported [1,500 cases of anti-Asian discrimination](#) in only one month (March 19 – April 15) and accounts are still mounting.

Communities of color have [borne](#) the brunt of this disease, and this has been underscored in Iowa with the devastation in meat-processing plants. Many essential employees in these plants are Asian refugees and Pacific Islander migrants, many of whom have underlying health conditions. Discrimination is salt in an already festering wound.

Since giving birth to my daughter, I have heard all kinds of comments: “Where did you get her from?”, “Are you speaking Chinese to her – is that where she came from?” While these remarks have been annoyances to me, they rise to higher concern levels as my daughter ages and become more socially aware. These comments are coupled with other issues, because of the numerous ways that they impact health. Maternal mortality, chronic disease and adverse mental health consequences are all linked to racism.

Negative effects extend beyond the health care system and impact educational and employment opportunities, disparities in the criminal justice system. Overall, they negatively influence quality of life. Racism has a negative impact not only on the victim, but can cognitively and emotionally impact the [perpetrator](#) as well.

Health data are often broken down by race and ethnicity; and oftentimes, this is misinterpreted as being a deficit in certain groups. In reality, structural barriers and blatant racism have not only made the healthy choice a difficult choice, but can make the attempt at healthy behaviors deadly, as we have recently witnessed.

From the Tuskegee trials, Mississippi appendectomies, and exclusion acts to current day issues where people of color receive [lower quality care](#) in over 40% of reported quality measures, race affects health not because of biology, but because of systems that attempt to set individuals and groups up for failure.

For those who feel that the economy is equally important to health, improving racial equity can have many positive effects on the [economy](#) and our schools, businesses, and other agencies. In a time when our economy desperately needs a boost, it is important to note that racial equity can lead to increases to local tax revenues and a decrease in social services spending.

Iowa has a proud history of recognizing the contributions of Asian Americans, notably in the 1970s when beloved Governor Robert Ray not only strengthened relationships with China and other Asian countries, but helped to resettle three waves of refugees from war-torn Southeast Asia.

And Iowans from all walks of life responded with great compassion by reaching across cultures to welcome Southeast Asians to our beautiful state.

There are other ways Iowa upholds and honors our proud traditions of welcome and unity. Policymakers can come together to use all types of tools available to form a coordinated effort to eradicate discrimination against all who have disproportionate, significant structural barriers obstructing their ability to thrive.

Our journalists can research the history of race and racism in America to frame stories appropriately and promote constructive work such



as Des Moines Civil and Human Rights Commission's "[Bridging the Gap](#)" so that more people can participate in such movements.

All Iowans can learn more about our implicit biases and find ways to appreciate our differences and find common values and traits that we share. For those especially called to action, [bystander training](#) is yet another way to positively contribute to the community during our shared crisis.

Two years ago, while my mind was searching for a way to react to the cashier, my daughter innocently took action. She popped her head out of the car and - not knowing what the woman talking about - smiled brightly and told her, "*I love you.*" The woman turned ash-white and was speechless.

I hope it had a positive impact on her and that she thinks about a little girl full of love to give when she sees others that are different from herself. And, I hope we can all learn to react with love to diffuse this situation – today during this pandemic – and always.

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Chris is a public health professional who works primarily with underserved populations and is passionate about eliminating health disparities and how data plays a role.